

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>):		TELEPHONE AND FAX NOS.:	FOR COURT USE ONLY
ATTORNEY FOR (<i>Name</i>):			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MAILING ADDRESS: STREET ADDRESS: CITY AND ZIP CODE: BRANCH NAME:			
<input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF (<i>Name</i>): <div style="text-align: right;"><input type="checkbox"/> MINOR <input type="checkbox"/> CONSERVATEE</div>			
NOTICE OF HEARING			CASE NUMBER:

This notice is required by law. This notice does not require you to appear in court, but you may attend the hearing if you wish.

1. NOTICE is given that (*name*):
(*representative capacity, if any*):
has filed (*specify*):
2. You may refer to the filed documents for further particulars. (*All of the case documents filed with the court are available for examination in the case file kept by the court clerk.*)
3. The petition includes an application for the independent exercise of powers under of the Probate Code section 2590. Powers requested are ☐ specified below ☐ specified in Attachment 3.

4. A HEARING on the matter will be held as follows:

a. Date:	Time:	<input type="checkbox"/> Dept.:	<input type="checkbox"/> Room:
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b. Address of court ☐ same as noted above ☐ is (*specify*):

(Continued on reverse)

